PTORENOS (12-04)

Approved for use through TH 1/2005, OHD 0551-0032

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OHD CONTROL OF CONTROL

PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875										19 Y
	APPL	ICATION AS	FILED -	PARTI			νπιΥ	OR -	OTHER T	
·	FOR	MUMBER F		HUMBER E	XTRA	RATE (1)	FEE (1)	-	RATE (S)	200
BASIC FEE DI OFR 1.46(4), (6), 64 (4)		NA		. NA		N/A		<del> </del>		2017
SEARCH FEE DI CER 1.16(1. 8). or (179)		NA	NA			N/A .		<b>∤</b>	N/A 12	100
EXAMINATION FEE OI CFR 1.18(4), (6), or (4)		N/A		NVA		N/A		-		$\mu o$
TOTAL CLAIMS DI CAR 1.16(1)		5	inus 20: •	<u>                                     </u>		x =		OR 2		
HOEPE HOEPE	HOENT CLAIMS	1.00	mintu 3 =		and 100	X <	<b> </b>		₹ , €	
tas ceu tee vulno	ATION SIZE (1.16(4))	sheets of pa ts \$250 (\$12 additional 50 \$5 U.S.C. 4	If the specification and drawings exceed aftects of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 aftects or fraction thereof. \$5 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)			N/A		_		<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160))									TOTAL	
TOTAL  TOTAL  TOTAL  TOTAL  TOTAL  TOTAL  OR OTHER THAN  OR SMALL ENTITY  OR SMALL ENTITY  OR SMALL ENTITY  OR SMALL ENTITY  OR OTHER THAN  OR OTHER THAN										
1 ×		(Column 1) CLAIMS REMARKING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	(Column 3) PRESCHT EXTRA	RATE (1)	ADDI- TAHOIT TEE (I'	$\dashv$ / .	RATE (\$)	ADDI- TIONAL FEE (S)
AMENDMENT	Total Q promites	5	MANG	5	-	×		OR OR	X *	1
亨	bicurrand .		Winne		/	×		on	<u> </u>	
N N	App8ca6xxx State Fee (37 CFR 1.16(e))					N/A	1/	OR	NVA /	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM, C					TOTAL ADOL FEE		OR	ADD'L FEE	
1.		(Column 1)	•	(Column 2)	(Column 3)					<del></del>
80 (-		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	rate (t	) ADO TION FEE	٩٤	RATE (3)	AMON TYONAL FEE (S)
EN A	Total CHCFR1.164B	- Andrews	Winis		=		=	OR	1	21/2 · 2 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 ·
ENDM	Independent OT CTA LIGHT	•	tunin)	44.	<u> </u>	×	-	OR	×	
핗	C I AMBOUGH SHOT COLOR					1 1		OR	AUI	
\\_\_	FIRST PRESENTATION OF MILTIPLE DEPENDENT CLAIM (D) CFR 1.16(1)					TOTAL	_	OF	LATOT	E
		column 1 is lose it		auto column 7 4	unttin "O" En colum	ADD'L Fi in 3.	EE		• •	<del>L</del>
1	e Kitha entry la	column 1 is less it	ian the ent	17 11 WILLIAM 2, 4	to le les than 2	0 enter 20°.			::	

<sup>\*</sup> If the entry in column 1 is loss than the entry in column 2, write "o" in column 3.

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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